

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. **10 / 522026** FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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47						
48						
49						
50						
TOTAL IND.	2					
TOTAL DEP.	21					
TOTAL CLAIMS	23					

TOTAL IND.			
TOTAL DEP.			
TOTAL CLAIMS			